IPDR6702				NORTH CAROLINA		PAGE:	1	
RUN DATE:	09/05/2004			CHECKWRITE SUMMARY REPORT				
				CKWRITE DATE: 09/08/2004 FINANCIAL PAYER: NCDMH				
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8518	774	CLAIM DENIED, SUBMITTED BEYOND				
	H/DD/SAS			FILING TIMELIMIT. MAY AND				
				JUNE DOS MUST BE SUBMITTED BY				
		8517	2	CLAIMS DENIED, SUBMITTED BEYON	0	776	776	0
				D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
				THROUGH AFRIE DOS MOST BE SUBM				
3404902	BLUE RIDGE COMM	0	0	*** NO DATA TO REPORT ***				
	UNITY							
		0	0		0	0	0	0
3404904	WESTERN HIGHLAN	8517	184	CLAIMS DENIED, SUBMITTED BEYON				
	DS LME			D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		8518	105	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND	0	490	992	502
				JUNE DOS MUST BE SUBMITTED BY				
		8599	100	DETAIL MOT COVERED BY COMBINE				
		8599	100	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404905		8525	111	CLAIM DENIED, REFERRING PROVID				
3404303	TREND COMM MENT AL HLTH CTR	0323		ER MUST BE AN LMA.				
		8326	27	ATTENDING PROVIDER NUMBER IS R		138	138	0
				EQUIRED WHEN BILLED WITH GROUP		130	130	
				NUMBER. ADD ATTENDING NUMBER A				
3404907	RUTHERFORD-POLK	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404910	PATHWAYS	8518	141	CLAIM DENIED, SUBMITTED BEYOND				
				FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY				
				JUNE DOS MUST BE SUBMITTED BY				
		11	4	CLIENT NOT ELIGIBLE ON SERVICE	0	145	184	39
				DATE				
3404912	CATAWBA COUNTYM	8931	123	AMTNC INELIGIBLE TO RECEIVE SE				
	ENTAL HEALT			RVICES IN IPRS.				
		8599	49	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	123	245	1777	1532
				BENEFIT PACKAGE.				
		8000	47	NO RATE AVAILABLE ON FILE TO P				
		5500		NO RATE AVAILABLE ON FILE TO P				
3404913	MECKLENBURG COM	8599	1982	DETAIL NOT COVERED BY COMBINAT				
	MECKLENBURG COM ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.			_	
		8933	1111	ADTNC INELIGIBLE TO RECEIVE SE	1978	5382	10629	5247
				RVICES IN IPRS.	1370	3302	10029	52.47
		8935	641	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
		-						
3404916	CROSSROADS BEHA	8517	623	CLAIMS DENIED, SUBMITTED BEYON				
	VIORAL HEAL			D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
		8518	533	CLAIM DENIED, SUBMITTED BEYOND	16	1562	5786	4224
		1	1	FILING TIMELIMIT. MAY AND	1			
				JUNE DOS MUST BE SUBMITTED BY				
				JUNE DOS MUST BE SUBMITTED BY				
		8599	318	DETAIL NOT COVERED BY COMBINAT				
		8599	318					

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404917	CENTERPOINT HUM AN SERVICES	11	810	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8517	510	CLAIMS DENIED, SUBMITTED BEYON	0	1927	3253	1326
				D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
				INKOUGH APRIL DOS MUSI BE SUBM				
		8326	404	ATTENDING PROVIDER NUMBER IS R				
				EQUIRED WHEN BILLED WITH GROUP				
				NUMBER. ADD ATTENDING NUMBER A				
3404918	DOCKTROURM OF M	11	940	CLIENT NOT ELIGIBLE ON SERVICE				
	ROCKINGHAM CO M ENTAL HEALT			DATE				
		0.5	0.5					
		21	81	DUPLICATE OF CLAIM-SYSTEM	56	1179	1964	785
		8935	48	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404919	GUILFORD CO MEN	8518	785	CLAIM DENIED, SUBMITTED BEYOND				
	TAL HEALTHC			FILING TIMELIMIT. MAY AND				
				JUNE DOS MUST BE SUBMITTED BY				
		8599	506	DETAIL NOT COVERED BY COMBINAT	286	1853	12774	10921
				ION OF RECIPIENT, PROVIDER AND	286	1853	12//4	10921
				BENEFIT PACKAGE.				
		8931	149	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
				RVICES IN IPRS.				
3404920	ALAMANCE CASWEL	8518	10	CLAIM DENIED, SUBMITTED BEYOND				
	L AREA MH D			FILING TIMELIMIT. MAY AND				
				JUNE DOS MUST BE SUBMITTED BY				
		8517	7	CLAIMS DENIED, SUBMITTED BEYON		17	17	
				D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
2404001		5240	0550					
3404921	ORANGE PERSON C	5312	2559	PRIOR AUTHORIZED DOLLARS EXCEE DED				
	HATHAM AREA							
		8329	376	CLAIM DENIED ATTENDING PROVIDE	89	3885	7898	4013
				R CANNOT BE THE SAME AS THE LMA				
				IND DAY				
		8599	323	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404922	MILE DIDILAN COUR	8518	480	CLAIM DENIED, SUBMITTED BEYOND		1		
	THE DURHAM CENT ER			FILING TIMELIMIT. MAY AND				
				JUNE DOS MUST BE SUBMITTED BY				<u> </u>
		U	U		0	480	480	0
						<del>                                     </del>		
3404923	VGFW AREA AUTHO	8599	929	DETAIL NOT COVERED BY COMBINAT				
	RITY			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	241	CLIENT NOT ELIGIBLE ON SERVICE	_		2000	00
				DATE	0	1495	3853	2358
						1		
		8518	174	CLAIM DENIED, SUBMITTED BEYOND				
				FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY		<del> </del>		
						1		
3404924	PIEDMONT AREA M	8326	2	ATTENDING PROVIDER NUMBER IS R		1		
	H/DD/SAS			EQUIRED WHEN BILLED WITH GROUP				
		1	ĺ.	NUMBER. ADD ATTENDING NUMBER A				
		0	0		0	2	2	0
		0	0		0	2	2	0

PROVIDER NUMBER								
NUMBER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404925	SANDHILLS CENTE	21	4261	DUPLICATE OF CLAIM-SYSTEM				
	R FOR MH/DD							
		8599	1478	DETAIL NOT COVERED BY COMBINAT	462	7897	19085	11188
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		10	578	DIAGNOSIS OR SERVICE INVALID F				
				OR CLIENT AGE. VERIFY CID,				
				DIAGNOSIS, PROCEDURE CODE FOR				
3404926	SOUTHEASTERN RE	8599	738	DETAIL NOT COVERED BY COMBINAT				
	G MENTAL HL			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8517	685	CLAIMS DENIED, SUBMITTED BEYON	504	3356	15260	11904
				D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
		21	536	DUPLICATE OF CLAIM-SYSTEM				
3404927	CUMBERLAND CO M	8599	189	DETAIL NOT COVERED BY COMBINAT				
	HC			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	79	CLIENT NOT ELIGIBLE ON SERVICE	0	456	3024	2568
	1	+	1	DATE		230	5024	2500
	1	+	1					
	+	+	1		<b> </b>			
		21	50	DUPLICATE OF CLAIM-SYSTEM				
3404929		8599	5306	DETAIL NOT COVERED BY COMBINAT				
3404929	LEE HARNETT MH/	0399	3300					
	DD/SAS			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	2759	DUPLICATE OF CLAIM-SYSTEM	3	10948	14168	3220
			1					
			1					
		8329	2523	CLAIM DENIED ATTENDING PROVIDE				
				R CANNOT BE THE SAME AS				
				THE LMA				
3404930	JOHNSTON COUNTY	8599	30	DETAIL NOT COVERED BY COMBINAT				
3404930	JOHNSTON COUNTY MNTL HLTHC	8599	30	ION OF RECIPIENT, PROVIDER AND				
3404930		8599	30					
3404930		8599	30	ION OF RECIPIENT, PROVIDER AND				
3404930		8599	0	ION OF RECIPIENT, PROVIDER AND	0	30	210	180
3404930		8599	0	ION OF RECIPIENT, PROVIDER AND	0	30	210	180
3404930		0	0	ION OF RECIPIENT, PROVIDER AND	0	30	210	180
3404930	MNTL HLTHC	0	0	ION OF RECIPIENT, PROVIDER AND	0	30	210	180
	MNTL HLTHC	0	0	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	30	210	180
	MNTL HLTHC	0	0	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLIENT NOT ELIGIBLE ON SERVICE	0	30	210	180
	MNTL HLTHC	0	0	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLIENT NOT ELIGIBLE ON SERVICE	0	30	210	180
	MNTL HLTHC	0	0	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLIENT NOT ELIGIBLE ON SERVICE	0	30		
	MNTL HLTHC	0	232	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLIENT NOT ELIGIBLE ON SERVICE DATE	0			
	MNTL HLTHC	0	232	ION OF RECIPIENT, PROVIDER AND SENEFIT PACKAGE.  CLIENT NOT ELIGIBLE ON SERVICE DATE  CLAIM DENIED, SUBMITTED BEYOND	0			1800
	MNTL HLTHC	0	232	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLIENT NOT ELIGIBLE ON SERVICE DATE  CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND	0			
	MNTL HLTHC	0	232	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLIENT NOT ELIGIBLE ON SERVICE DATE  CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND	0			
	MNTL HLTHC	0 0 11 8518	232	IGN OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLIENT NOT ELIGIBLE ON SERVICE DATE  CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY	0			
	MNTL HLTHC	0 0 11 8518	232	IGN OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLIENT NOT ELIGIBLE ON SERVICE DATE  CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY ASTNC INELIGIBLE TO RECEIVE SE	0			
	MNTL HLTHC	0 0 11 8518	232	IGN OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLIENT NOT ELIGIBLE ON SERVICE DATE  CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY ASTNC INELIGIBLE TO RECEIVE SE	6			
3404931	MNTL HLTHC  MAKE CO HUM SVC  BILLING OF	0 0 11 8518	232	IGN OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLIENT NOT ELIGIBLE ON SERVICE DATE  CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY  ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IFRS.	6			
3404931	MARTL HLTHC  WAKE CO HUM SVC  BILLING OF  RANDOLPH/SANDHI	0 0 11 8518	232	IGN OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLIENT NOT ELIGIBLE ON SERVICE DATE  CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY ASTNC INELIGIBLE TO RECEIVE SE	6			
3404931	MNTL HLTHC  MAKE CO HUM SVC  BILLING OF	0 0 11 8518	232	IGN OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLIENT NOT ELIGIBLE ON SERVICE DATE  CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY  ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IFRS.	6			
3404931	MARTL HLTHC  WAKE CO HUM SVC  BILLING OF  RANDOLPH/SANDHI	0 0 11 8518	232	IGN OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLIENT NOT ELIGIBLE ON SERVICE DATE  CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY  ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IFRS.	6			
3404931	MARTL HLTHC  WAKE CO HUM SVC  BILLING OF  RANDOLPH/SANDHI	0 0 11 8518	232	IGN OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLIENT NOT ELIGIBLE ON SERVICE DATE  CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY  ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IFRS.	6			
3404931	MARTL HLTHC  WAKE CO HUM SVC  BILLING OF  RANDOLPH/SANDHI	0 0 11 8518	232	IGN OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLIENT NOT ELIGIBLE ON SERVICE DATE  CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY  ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IFRS.	6			
3404931	MARTL HLTHC  WAKE CO HUM SVC  BILLING OF  RANDOLPH/SANDHI	0 0 11 8518	232	IGN OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLIENT NOT ELIGIBLE ON SERVICE DATE  CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY  ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IFRS.	6			
3404931	MARE CO HUM SVC BILLING OF  RANDOLPH/SANDHI LLS CO MH C	0 0 11 8518 8935	0 232 120 6 6	IGN OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLIENT NOT ELIGIBLE ON SERVICE DATE  CLAIM DENIED, SUBMITTED BEYOND FILLING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	6			
3404931	MNTL HLTHC  MAKE CO HUM SVC  BILLING OF  RANDOLPH/SANDHI  LLS CO MH C	0 0 11 8518	232	IGN OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLIENT NOT ELIGIBLE ON SERVICE DATE  CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY  ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IFRS.	6			
3404931	MARE CO HUM SVC BILLING OF  RANDOLPH/SANDHI LLS CO MH C	0 0 11 8518 8935	0 232 120 6 6	IGN OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLIENT NOT ELIGIBLE ON SERVICE DATE  CLAIM DENIED, SUBMITTED BEYOND FILLING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	6			
3404931	MNTL HLTHC  MAKE CO HUM SVC  BILLING OF  RANDOLPH/SANDHI  LLS CO MH C	0 0 11 8518 8935	0 232 120 6 6	IGN OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLIENT NOT ELIGIBLE ON SERVICE DATE  CLAIM DENIED, SUBMITTED BEYOND FILLING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	6			
3404931	MNTL HLTHC  MAKE CO HUM SVC  BILLING OF  RANDOLPH/SANDHI  LLS CO MH C	0 0 11 8518 8935 0 0	0 232 120 6 6	IGN OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLIENT NOT ELIGIBLE ON SERVICE DATE  CLIAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY  ASTNC INELIGIBLE TO RECEIVE SE EVICES IN IPRS.  *** NO DATA TO REPORT ***  DUPLICATE OF CLAIM-SYSTEM	6			
3404931	MNTL HLTHC  MAKE CO HUM SVC  BILLING OF  RANDOLPH/SANDHI  LLS CO MH C	0 0 11 8518 8935	0 232 120 6 6	IGN OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLIENT NOT ELIGIBLE ON SERVICE DATE  CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BUSMITTED BY ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IFRS.  *** NO DATA TO REPORT ***  DUPLICATE OF CLAIM-SYSTEM	6	366	396	30
3404931	MNTL HLTHC  MAKE CO HUM SVC  BILLING OF  RANDOLPH/SANDHI  LLS CO MH C	0 0 11 8518 8935 0 0	0 232 120 6 6	IGN OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLIENT NOT ELIGIBLE ON SERVICE DATE  CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY  ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IFRS.	0	366	396	30
3404931	MNTL HLTHC  MAKE CO HUM SVC  BILLING OF  RANDOLPH/SANDHI  LLS CO MH C	0 0 11 8518 8935 0 0	0 232 120 6 6	IGN OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLIENT NOT ELIGIBLE ON SERVICE DATE  CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BUSMITTED BY ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IFRS.  *** NO DATA TO REPORT ***  DUPLICATE OF CLAIM-SYSTEM	0 0 0	366	396	30
3404931	MNTL HLTHC  MAKE CO HUM SVC  BILLING OF  RANDOLPH/SANDHI  LLS CO MH C	0 0 11 8518 8935 0	0 232 120 6 6	IGN OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLIENT NOT ELIGIBLE ON SERVICE DATE  CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIE, MAY AND JUNE DOS MIST BE SUBMITTED BY ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  *** NO DATA TO REPORT ***  DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT IGN OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	6	366	396	30
3404931	MNTL HLTHC  MAKE CO HUM SVC  BILLING OF  RANDOLPH/SANDHI  LLS CO MH C	0 0 11 8518 8935 0	0 232 120 6 6	IGN OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLIENT NOT ELIGIBLE ON SERVICE DATE  CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY  ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IFRS.	0	366	396	30
3404931	MNTL HLTHC  MAKE CO HUM SVC  BILLING OF  RANDOLPH/SANDHI  LLS CO MH C	0 0 11 8518 8935 0 0	0 232 120 6 6 0 0	IGN OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLIENT NOT ELIGIBLE ON SERVICE DATE  CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIE, MAY AND JUNE DOS MIST BE SUBMITTED BY ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  *** NO DATA TO REPORT ***  DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT IGN OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	366	396	
3404931	MNTL HLTHC  MAKE CO HUM SVC  BILLING OF  RANDOLPH/SANDHI  LLS CO MH C	0 0 11 8518 8935 0 0	0 232 120 6 6 0 0	IGN OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLIENT NOT ELIGIBLE ON SERVICE  CATE  CLAIM DENIED, SUBMITTED BEYOND  FILING TIMELIMIT. MAY AND JUNE DOS MIST BE SUBMITTED BY  ASTNC INELIGIBLE TO RECEIVE SE  RVICES IN IFRS.  *** NO DATA TO REPORT ***  DUPLICATE OF CLAIM-SYSTEM  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT IGN OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED, SUBMITTED BEYOND	0	366	396	30
3404931	MNTL HLTHC  MAKE CO HUM SVC  BILLING OF  RANDOLPH/SANDHI  LLS CO MH C	0 0 11 8518 8935 0 0	0 232 120 6 6 0 0	IGN OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLIENT NOT ELIGIBLE ON SERVICE DATE  CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE UBBHITTED BY  ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.  *** NO DATA TO REPORT ***  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND	0 0 0	366	396	30

PROVIDER HIGH DENIAL NUMBER OF THC TOTAL CLAIMS CL	NUMBER PROVIDER N.  3404934 ONSLOW COUNTY EHAVIORAL H  3404935 NAYNE CO ME HEALTH CTR  3404936 WILSON-GREE ENTAL HEALT  3404937 EDGECOMBE N. MNTL HLTH C	EOBS TY B 8599  11  11  8329  NTAL 0  0  NE M 8518	DENIALS  103  97	DETAIL NOT COVERED BY COMBINAT  ION OF RECIFIENT, PROVIDER AND  BENEFIT PACKAGE.  CLIENT NOT ELIGIBLE ON SERVICE  DATE  CLAIM DENIED ATTENDING PROVIDE  R CANNOT BE THE SAME AS  THE IMA		DENIALS	CLAIMS FINALIZED	TOTAL CLAIMS PAID
March   Court   March   Marc	3404934 CNSLOW COUN EHAVIORAL H  3404935 WAYNE CO ME HEALTH CTR  3404936 WILSON-GREE ENTAL HEALT  3404937 EDGECCMBE N. NNTL HLTH C	8599 11 11 8329 NTAL 0 0	97	DETAIL NOT COVERED BY COMBINAT  ION OF RECIFIENT, PROVIDER AND  BENEFIT PACKAGE.  CLIENT NOT ELIGIBLE ON SERVICE  DATE  CLAIM DENIED ATTENDING PROVIDE  R CANNOT BE THE SAME AS  THE IMA	DENIALS			
ANY COLORS	BHAVIORAL H  3404935 WAYNE CO ME HEALTH CTR  3404936 WILSON-GREE ENTAL HEALT  3404937 EDGECOMBE N. MNTL HLTH C	8329 NTAL 0 0 0 WE M 8518	97	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLIENT NOT ELIGIBLE ON SERVICE  DATE  CLAIM DENIED ATTENDING PROVIDE  R CANNOT BE THE SAME AS  THE IMA	0	448.	1506	1058
ANY COLORS	BHAVIORAL H  3404935 WAYNE CO ME HEALTH CTR  3404936 WILSON-GREE ENTAL HEALT  3404937 EDGECOMBE N. MNTL HLTH C	8329 NTAL 0 0 0 WE M 8518	97	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  CLIENT NOT ELIGIBLE ON SERVICE  DATE  CLAIM DENIED ATTENDING PROVIDE  R CANNOT BE THE SAME AS  THE IMA	0	448	1506	1058
	3404935 MAYNE CO ME HEALTH CTR  3404936 WILSON-GREE ENTAL HEALT  3404937 EDGECOMBE N. MNTL HLTH C	11	97	BENEFIT PACKAGE.  CLIENT NOT ELIGIBLE ON SERVICE  DATE  CLAIM DENIED ATTENDING PROVIDE  R CANNOT BE THE SAME AS  THE IMA	0	448	1506	105
1000   1000	HEALTH CTR  3404936 WILSON-GREE ENTAL HEALT  3404937 EDGECOMBE N. MNTL HLTH C	0 0 0 NE M 8518	97	CLIENT NOT ELIGIBLE ON SERVICE DATE CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA	0	448	1506	105
10.000	HEALTH CTR  3404936 WILSON-GREE ENTAL HEALT  3404937 EDGECOMBE N. MNTL HLTH C	0 0 0 NE M 8518	97	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE IMA	0	448	1506	105
1000   1000	HEALTH CTR  3404936 WILSON-GREE ENTAL HEALT  3404937 EDGECOMBE N. MNTL HLTH C	0 0 0 NE M 8518	80	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE IMA				
	HEALTH CTR  3404936 MILSON-GREEL ENTAL HEALT  3404937 EDGECOMBE N. MNTL HLTH C	0 0 0 NE M 8518	80	R CANNOT BE THE SAME AS THE IMA				
A CAMPACE OF THE CAMPACE AND ACCOUNTS OF THE CAMPACE AND ACCOUNTS OF THE CAMPACE OF MARCHEST OF THE CAMPACE OF THE CAMPACE AND ACCOUNTS OF THE CAMPACE OF THE CAMPACE AND ACCOUNTS OF THE CAMPACE AN	HEALTH CTR  3404936 HILSON-GREEI ENTAL HEALT  3404937 EDGECCMBE N.  NNTL HLTH C	0 0 0 NE M 8518	80	R CANNOT BE THE SAME AS THE IMA				
A CAMPACE OF THE CAMPACE AND ACCOUNTS OF THE CAMPACE AND ACCOUNTS OF THE CAMPACE OF MARCHEST OF THE CAMPACE OF THE CAMPACE AND ACCOUNTS OF THE CAMPACE OF THE CAMPACE AND ACCOUNTS OF THE CAMPACE AN	HEALTH CTR  3404936 HILSON-GREEI ENTAL HEALT  3404937 EDGECCMBE N.  NNTL HLTH C	0 0 0 NE M 8518	0	R CANNOT BE THE SAME AS THE IMA				1
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ANTER CONTROL  ANTER	HEALTH CTR  3404936 HILSON-GREEI ENTAL HEALT  3404937 EDGECCMBE N.  NNTL HLTH C	0. NE M 8518	0					
MACHINE COLOR	HEALTH CTR  3404936 HILSON-GREEI ENTAL HEALT  3404937 EDGECCMBE N.  NNTL HLTH C	0. NE M 8518	0	*** NO DATA TO REPORT ***				
MACHINE COLOR	HEALTH CTR  3404936 HILSON-GREEI ENTAL HEALT  3404937 EDGECCMBE N.  NNTL HLTH C	0. NE M 8518	0	*** NO DATA TO REPORT ***	1			
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### STATES THE STATES, MAY AND STATES AND ST	ENTAL HEALT  3404937 EDGECOMBE N. MNTL HLTH C		111	CLAIM DENIED, SUBMITTED BEYOND				
PART FOR METER AS SERVICES AS   1   1   2   2   2   2   2   2   2   2	3404937 EDGECOMBE N. NNTL HLTH C							
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	MNTL HLTH C							
NOTICE IN 1979.   1	MNTL HLTH C	8931	26		35	179	2261	208
CONTROL   CONT	MNTL HLTH C			RVICES IN IPRS.				
CONTROL   CONT	MNTL HLTH C							
CONTROL   CONT	MNTL HLTH C							
	MNTL HLTH C	8599	21					
1000000000000000000000000000000000000	MNTL HLTH C							
STEEL BLYIN C	MNTL HLTH C			BENEFIT PACKAGE.		<b> </b>		
STEEL BLYIN C	MNTL HLTH C	0513	100					
1		non	188		1	<b> </b>		
1	3404938		+			<del>                                     </del>		
	3404938			THROUGH APRIL DOS MUST BE SUBM		-		
	3404938	21	43	DUDITOATE OF CLAIM-SYSTEM				
MORT PRECEIVER, PA IS RECUERE.	3404938	21	4.5	DOFBICATE OF CDAIN-3131EM	6	283	3012	272
SHAPE   SHAP	3404938							
SHAPE   SHAP	3404938							
SHAPE   SHAP	3404938	8621	18	60 RESIDENTIAL LEVEL III TREAT				
FOR ADDITIONAL SERVICE.	3404938							
104   15	3404938							
SOME COURSE	3404938							
SOME COUNSE		VERS 8599	52	DETAIL NOT COVERED BY COMBINAT		1		
SEMERTY PACKAGE.				ION OF RECIPIENT, PROVIDER AND				
FIRE COMBINATION OR PROCEDURE				BENEFIT PACKAGE.		1		
TIER COMBINATION OR PROCEDURE								
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1				FIER COMBINATION OR PROCEDURE		1		
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NEUSE MENTAL RE 11 199 CLIENT NOT ELIGIBLE ON SERVICE								
ALTH CENTER    S518   96   CLAIM DENIED, SUBMITTED BEYOND   1   338   939		21	14	DUPLICATE OF CLAIM-SYSTEM		i i		
ALTH CENTER    S518   96   CLAIM DENIED, SUBMITTED BEYOND   1 338   939								
ALTH CENTER    S518   96   CLAIM DENIED, SUBMITTED BEYOND   1 338   939								
ALTH CENTER    S518   96   CLAIM DENIED, SUBMITTED BEYOND   1 338   939								
8518   96   CLAIM DENIED, SUBMITTED BEYOND   1   338   939		6 HE 11	199					
FILING TIMELINIT. MAY AND	ALTH CENTER			DATE				
FILING TIMELINIT. MAY AND								
FILING TIMELINIT. MAY AND	<b> </b>	9510	96	CLAIM DENIED SUBMITTED DEVOND	1	-		<u> </u>
JUNE DOS MUST BE SUBMITTED BY  8621 14 60 RESIDENTIAL LEVEL III TREAT  MENT RECEIVED, PA IS REQUIRED  FOR ADDITIONAL SERVICE.  1304941 PITT CO MH/DD/S 8517 1121 CLAIMS DENIED, SUBMITTED BEYON  AS CENTER D FILING TIMELIMIT. JULY  THROUGH APRIL DOS MUST BE SUBM  1537 718 PROCEDURE IS NOT COVERED FOR T 153 2498 4566  HIS DATE OF SERVICE 15 NOT COVERED FOR T 153 2498 4566  HIS DATE OF SERVICE 15 NOT COVERED FOR T 153 2498 4566  BENEFIT PACKAGE.  3404942 ROANOKE CHOMANH 8517 45 CLAIMS DENIED, SUBMITTED BEYON  D FILING TIMELIMIT. JULY  THROUGH APRIL DOS MUST BE SUBM  3404942 ROANOKE CHOMANH 8517 45 CLAIMS DENIED, SUBMITTED BEYON  D FILING TIMELIMIT. JULY  THROUGH APRIL DOS MUST BE SUBM  2413 34 CLIENT ID NUMBER NOT ON STATE 32 137 594		0310	20		1	338	939	60
Section   Sect	<del>                                     </del>	<del></del>	+		+	<del> </del>	<del>                                     </del>	-
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3404941 PITT CO MM/DD/S 8517 1121 CLAIMS DENIED, SUBMITTED BEYON  AS CENTER D FILING TIMELIMIT. JULY  THROUGH AFRIL DOS MUST RE SUBM  537 718 PROCEDURE IS NOT COVERED FOR T 153 2498 4566  HIS DATE OF SERVICE  1 10 1 10 10 FAIL NOT COVERED BY COMBINAT  1 10 1 10 10 FAIL NOT COVERED BY COMBINAT  1 10 1 10 FAIL NOT COVERED BY COMBINAT  2 1 10 10 FAIL NOT COVERED BY COMBINAT  3 2498 4566  1 10 1 10 FAIL NOT COVERED BY COMBINAT  2 1 10 FAIL NOT COVERED BY COMBINAT  3 2498 4566  4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			_					<del>                                     </del>
3404941 PITT CO MM/DD/S 8517 1121 CLAIMS DENIED, SUBMITTED BEYON  AS CENTER D FILING TIMELIMIT. JULY  THROUGH AFRIL DOS MUST RE SUBM  537 718 PROCEDURE IS NOT COVERED FOR T 153 2498 4566  HIS DATE OF SERVICE  1 10 1 10 10 FAIL NOT COVERED BY COMBINAT  1 10 1 10 10 FAIL NOT COVERED BY COMBINAT  1 10 1 10 FAIL NOT COVERED BY COMBINAT  2 1 10 10 FAIL NOT COVERED BY COMBINAT  3 2498 4566  1 10 1 10 FAIL NOT COVERED BY COMBINAT  2 1 10 FAIL NOT COVERED BY COMBINAT  3 2498 4566  4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			_	FOR ADDITIONAL SERVICE.				<del>                                     </del>
AS CENTER  D FILING TIMELIMIT. JULY  THROUGH APRIL DOS MUST BE SUBM  153 2498 4566  HIS DATE OF SERVICE  153 2498 4566  HIS DATE OF SERVICE  153 259 235 DETAIL NOT COVERED BY COMBINAT  150 0F RECIPIENT, PROVICER AND  BENEFIT PACKAGE.  150 0F RECIPIENT, PROVICER AND  150 0F RECIPIENT, P						<del>                                     </del>		
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THROUGH APRIL DOS MUST BE SUBM				D FILING TIMELIMIT. JULY				
HIS DATE OF SERVICE  HIS DATE OF SERVICE  S599  235  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  3404942  ROANONGE CHOWANN  3517  45  CLAIMS DENIED, SUBMITTED BEYON  D FILING TIMELIMIT. JULY  THROUGH APRIL DOS MUST BE SUBM  143  34  CLIENT ID NUMBER NOT ON STATE  32  137  594				THROUGH APRIL DOS MUST BE SUBM				
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8599 235 DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND  BENEFIT PACKAGE.  CLAIMS DENIED, SUBMITTED BEYON  UMAN SERVIC  D FILING TIMBLINIT, JULY  THROUGH APRIL DOS MUST BE SUBM  143 34 CLIENT ID NUMBER NOT ON STATE  2 137 594  ELIGIBLITY FILE		537	718		153	2498	4566	206
ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  3494942 ROANOKE CHOMANH 8517 45 CLAIMS DENIED, SUBMITTED BEYON OMAN SERVIC  D FILING TIMELINIT. JULY THROUGH AFRIL DOS MUST BE SUBM  143 34 CLIENT ID NUMBER NOT ON STATE 32 137 594 ELIGIBLITY FILE				HIS DATE OF SERVICE				
ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.  3494942 ROANOKE CHOMANH 8517 45 CLAIMS DENIED, SUBMITTED BEYON OMAN SERVIC  D FILING TIMELINIT. JULY THROUGH AFRIL DOS MUST BE SUBM  143 34 CLIENT ID NUMBER NOT ON STATE 32 137 594 ELIGIBLITY FILE								
ION OF RECIPIENT, PROVICER AND  BENEFIT PACKAGE.  CAMONE CHOMANH 5517 45 CLAIMS DENIED, SUBMITTED BEYON  UMAN SERVIC  D FILING TIMELINIT. JULY  THROUGH AFRIL DOS MUST BE SUBM  CAMONE CHOMANH 343 34 CLIENT ID NUMBER NOT ON STATE 32 137 594  ELIGIBLITY FILE			0.05					
BENEFIT PACKAGE.  SA04942 ROANOKE CHOMANH S517 45 CLAIMS DENIED, SUBMITTED BEYON  UMAN SERVIC DENIED SUBMITTED BEYON  THROUGH APPELL DOS MUST BE SUBM  143 34 CLIENT ID NUMBER NOT ON STATE 32 137 594  ELIGIBILITY FILE		8599	235			<b> </b>		
3404942 ROANOKE CHOMANH 8517 45 CLAIMS DENIED, SUBMITTED BEYON					1	<b></b>		
UMAN SERVIC D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM  143 34 CLIENT ID NUMBER NOT ON STATE 32 137 594 ELIGIBILITY FILE	<del>                                     </del>			DENEFIT PACAGE.	1	<del> </del>		<b></b>
UMAN SERVIC D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM  143 34 CLIENT ID NUMBER NOT ON STATE 32 137 594 ELIGIBILITY FILE	3404942	1	45	CLAIMS DENIED, SURMITTED REVON	1	<del> </del>		<b></b>
### THROUGH AFRIL DOS MUST RE SUBM  143 34 CLIENT ID NUMBER NOT ON STATE 32 137 594  ELIGIBILITY FILE		8517				<del> </del>	<del>                                     </del>	<del></del>
143 34 CLIENT ID NUMBER NOT ON STATE 32 137 594 ELIGIBILITY FILE	UMAN SERVIC		1		+	<del> </del>	<del>                                     </del>	-
ELIGIBILITY FILE  ELIGIBILITY FILE  ELIGIBILITY FILE  ELIGIBILITY FILE  ELIGIBILITY FILE	<del>                                     </del>			THROUGH APRIL DOS MIST BE SHRM				<del>                                     </del>
ELIGIBILITY FILE  ELIGIBILITY FILE  ELIGIBILITY FILE  ELIGIBILITY FILE  ELIGIBILITY FILE	<del>                                     </del>			THROUGH APRIL DOS MUST BE SUBM	1			i i
			34		20	100	E C 4	A.C.
8931 14 AMINC INELIGIBLE TO RECEIVE SE			34	CLIENT ID NUMBER NOT ON STATE	32	137	594	45
8931 14 AMTNC INELIGIBLE TO RECEIVE SE			34	CLIENT ID NUMBER NOT ON STATE	32	137	594	45
			34	CLIENT ID NUMBER NOT ON STATE	32	137	594	45
RVICES IN IPRS.		143		CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	32	137	594	45
		143		CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE AMTNC INELIGIBLE TO RECEIVE SE	32	137	594	45

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404943	ALBEMARLE MENTA	8599	288	DETAIL NOT COVERED BY COMBINAT				
	L HEALTH CE			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8931	53	AMTNC INELIGIBLE TO RECEIVE SE	85	570	3635	3065
				RVICES IN IPRS.				
		537	49	PROCEDURE IS NOT COVERED FOR T				
				HIS DATE OF SERVICE				
3404944	EASTPOINTE HUMA	8518	213	CLAIM DENIED, SUBMITTED BEYOND				
	N SERVICES			FILING TIMELIMIT. MAY AND				
	N ODINTODO			JUNE DOS MUST BE SUBMITTED BY				
		8599	167	DETAIL NOT COVERED BY COMBINAT	68	680	6631	5951
				ION OF RECIPIENT, PROVIDER AND			0031	3331
				BENEFIT PACKAGE.				
		537	153	PROCEDURE IS NOT COVERED FOR T				
				HIS DATE OF SERVICE				
3404946		8518	39	CLAIM DENIED, SUBMITTED BEYOND				
	FOOTHILLS AREAM			FILING TIMELIMIT. MAY AND				
	ENTAL HEALT			JUNE DOS MUST BE SUBMITTED BY				
		0	0			39	39	
		*	-			39	39	U
3404957		0	0	*** NO DATA TO REPORT ***				
	TIDELAND MENTAL	*	-					
	HEALTH CTR							
		0	0				61	
			-		(	0	61	61
3404959		0	0	*** NO DATA TO REPORT ***				
	DAVIDSON CO MEN	-	+					-
	TAL HLTH CT		+					
	+		+					
	+	0	0			0	0	
	+		-			0	0	0
	+		+					
3404979	AND DAILED ADDAIL	8599	423	DETAIL NOT COVERED BY COMBINAT				
3404979	NEW RIVER AREAM		1	ION OF RECIPIENT, PROVIDER AND				
	H/DD/SA PRO		+	BENEFIT PACKAGE.				-
	_		+	DENDIII PROPROB.				-
	_	11	169	CLIENT NOT ELIGIBLE ON SERVICE				
	_		200	DATE	35	676	4121	3445
	1		+					
	1		+					
	1	8931	38	AMTNC INELIGIBLE TO RECEIVE SE				
		0331	33	RVICES IN IPRS.				
	1	1	1	NYTONG IN IERG.	1	1	1	1